

## **Transcript Request Format (for AU courses, excluding CCAF and AFIT)**

**Privacy Act Statement:** *Authority:* 10 U.S.C. 8013, Secretary of the Air Force; Powers and Duties. *Purpose:* Identify individuals seeking transcript for courses completed. *Routine Uses:* Can be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3). *Disclosure:* Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

To request a transcript of courses or schools completed at Air University, provide the following information in the format below and mail to:

Air University Registrar (AU/CFR)  
60 Shumacher Ave  
Maxwell AFB, AL 36112-6337

Name (If your name has changed, include your name at time of attendance.)  
Telephone Numbers for Home and Work  
Home Address  
Student ID/SSN  
Course/School Completed  
Method of Completion (resident or nonresident)  
Date Course/School Completed (include month, year)  
Address to which transcript should be mailed  
Second address if applicable  
Signature  
Date

Note: You may send your request via fax to DSN 493-8127 or commercial 334-953-8127.

For further information e-mail AU/CFRR or call DSN 493-8128 or commercial 334-953-8128.